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Lieutenant Governor

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Radiation Control Program

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## Initial (New) Massachusetts Radiologic Technologist Licensing Application Form

*This form is to be used to apply for a new Radiologic Technologist license, or to re-apply for a Radiologic Technologist license that has been expired for more than six months*

<b>Last Name:</b> <i>If your name has been changed, please include a copy of the relevant certificate, e.g. marriage, divorce, naturalization, etc.</i>		<b>First Name:</b>	
<b>Mailing Street Address, or PO Box:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Date of Birth:</b> (Month/Day/Year)		<b>Social Security Number:</b>	
<b>Telephone No.:</b>		<b>Email Address:</b>	

### LICENSING DISCIPLINES (CHECK APPROPRIATE BOXES)

- |   |  |
|---|--|
| <input type="checkbox"/> GENERAL RADIOGRAPHY TECHNOLOGY | <input type="checkbox"/> POSITRON EMISSION TOMOGRAPHY        |
| <input type="checkbox"/> MAMMOGRAPHY                    | <input type="checkbox"/> RADIOLOGIST ASSISTANT               |
| <input type="checkbox"/> NUCLEAR MEDICINE TECHNOLOGY    | <input type="checkbox"/> COMPUTED TOMOGRAPHY                 |
| <input type="checkbox"/> RADIATION THERAPY TECHNOLOGY   | <input type="checkbox"/> NUCLEAR MEDICINE ADVANCED ASSOCIATE |

CERTIFYING BODY: \_\_\_\_\_ CERTIFICATION NUMBER: \_\_\_\_\_

YEAR OF QUALIFYING EXAMINATION:\* \_\_\_\_\_

\*QUALIFYING EXAMINATIONS ARE AS FOLLOWS:

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS  
AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS  
AUSTRALIAN INSTITUTE OF RADIOGRAPHY  
BRITISH COLLEGE OF RADIOGRAPHERS  
CANADIAN ASSOCIATION OF MEDICAL RADIOLOGIC TECHNOLOGISTS  
CERTIFICATION BOARD FOR RADIOLOGY PRACTITIONER ASSISTANTS  
NUCLEAR MEDICINE TECHNOLOGISTS CERTIFICATION BOARD

NOTE: IF EXTRA SPACE IS NEEDED FOR ANY ANSWERS ON THIS APPLICATION FORM, USE ADDITIONAL SHEETS OF PAPER SO ALL QUESTIONS ARE ANSWERED FULLY. ATTACH ADDITIONAL SHEETS TO THE BACK OF THE APPLICATION

Current RT Employer Name:		Telephone No.:
Street Address, or PO Box:		
City:	State:	Zip Code:

**HAVE YOU EVER:**

- A. BEEN CONVICTED OF A FELONY? \_\_\_\_ YES \_\_\_\_ NO
- B. BEEN FOUND TO HAVE COMMITTED MALPRACTICE? \_\_\_\_ YES \_\_\_\_ NO
- C. PAID, OR HAVE HAD PAID ON YOUR BEHALF, ANY AMOUNT OF MONEY TO SETTLE A MALPRACTICE SUIT? \_\_\_\_ YES \_\_\_\_ NO
- D. HAD YOUR LICENSE/CERTIFICATION REVOKED BY ANY STATE OR CERTIFYING BOARD? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To apply for an initial license, you must submit the following:**

- [ ] Completed application.
- [ ] Copy of the current ARRT website certification and/or NMTCB certification card(s) pertaining to your Licensing Discipline(s).
- [ ] Check or money order payable to the Commonwealth of Massachusetts for \$ 150.00.  
(\$75 application and \$75 for License)

**To re-apply for a license, expired more than six months, you must also submit:**

- [ ] Documentation of CEUs from your last full biennium. For all expiration months but January, the biennium ends in the most recent odd-numbered year. The January biennium ends in the most recent even-numbered year.
- [ ] Documentation of one CEU per month since the start of your current CEU biennium, beginning in the last odd-numbered year.

RCP will review, then issue you a Massachusetts Radiologic Technologist License within 30 days of our receipt of a correct application, supporting documentation, and fees.

If at any time you have changes to the information submitted on the form, please update and send the appropriate documentation to [RadiationControl@mass.gov](mailto:RadiationControl@mass.gov)

ADDITIONAL LICENSING INFORMATION MAY BE FOUND AT: <http://mass.gov/dph/rcp>